

TEXAS LIABILITY INSURANCE CARD

Name and Address of Insured Nombre y Dirección del Asegurado	Insurance Company – Compañía de Seguro OLD AMERICAN COUNTY MUTUAL
STEPHANIE CHANTEL INNISS 3106 OHIO ST BAYTOWN TX 775206023	UNITED AUTOMOBILE INSURANCE SERVICES 1-866-223-0668 (VERIFY COVERAGE) Agent - Agente AMTEX AUTO INSURANCE Phone # : (281)420-7070
Policy Number – Numero de Póliza	08 - TXS - 1404028
Effective Date – Fecha Efectiva	03/27/2014
Expiration Date – Fecha de Expiración	09/27/2014 - 12:01 A.M.
Vehicle Year/Make / Model / VIN Año del Vehículo/ Marca / Modelo / VIN	1. 2004 DODG STRATUS SXT 4B3AG42G44E147156
This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insured and may provide coverage for other persons and other vehicles as provided by the insurance policy.	Esta póliza provee por lo menos la cantidad mínima de seguro de responsabilidad requerido por ley (Texas Motor Vehicle Safety Responsibility Act) para el vehículo especificado y para los asegurados mencionados, puede proveer cobertura para otras personas y vehículos según sea previsto en la póliza de seguro.
Driver Name(s)	
1. STEPHANIE CHANTEL INNISS	
<p style="text-align: center;">Texas Liability Insurance Card</p> <p style="text-align: center;">Keep this card</p> <p>Important: This Card or a copy of your insurance policy must be shown when you apply for or renew your:</p> <ul style="list-style-type: none"> - motor vehicle registration - driver's license - motor vehicle safety inspection sticker <p>You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.</p> <p>All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).</p>	<p style="text-align: center;">Tarjeta de Seguro de Responsabilidad de Texas</p> <p style="text-align: center;">Guarde esta tarjeta</p> <p>Importante: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:</p> <ul style="list-style-type: none"> - registro de vehículo de motor - licencia para conducir - etiqueta de inspección de seguridad para su vehículo <p>Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.</p> <p>Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera satisfacer los requisitos legales de la responsabilidad financiera. Falta de cumplir con este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia de conducir y del registro de su vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).</p>

WARNING: A NAMED DRIVER POLICY DOES NOT PROVIDE COVERAGE FOR INDIVIDUALS RESIDING IN THE INSURED'S HOUSEHOLD THAT ARE NOT NAMED ON THE POLICY.

Insured Information

STEPHANIE C INNISS
3106 OHIO ST
BAYTOWN, TX 77520-6023

Agent Information

AGENT CODE: 800-8-81680
AMTEX AUTO INSURANCE
4537 GARTH ROAD
BAYTOWN, TX 77521

Invoice Date: 03/27/2014

NOTICE OF INSTALLMENTS

Dear Policyholder,

Attached are a set of payment coupons. When making a payment, attach a corresponding coupon to each payment to ensure proper processing.

If the payment is not received by the due date on the coupon, a notice of cancellation will be mailed to you with a policy cancellation date. A five dollar (\$5) reinstatement fee will be added to each payment that is not post marked or posted into our United Auto system prior to the 12:01 a.m. cancellation date.

Please note an endorsement and/or policy premium change after the above listed invoice date nullifies the attached coupons. Upon any policy change a new set of coupons will be issued reflecting the new payment amount.

Please follow these instructions when making a payment:

- Include your policy number on all correspondence.
- Payments must be made in the exact amount.
- Do not bend or staple the payment coupons.
- Keep your returned check or money order stub as your receipt.
- Cash payments are not accepted if submitted directly to UAIS.

You may also, pay by phone 24/7 by calling (888) 987-8242 , visit us online at www.uaig.net, or pay by visiting your agent's office.

A Payment by credit card or bank account authorizes UAIC to debit your credit card or bank account via ACH for the payment amount specified on this installment. Personal check or money orders submitted for payments may be converted to electronic transactions.

Please contact your agent for any changes to your policy or to report a change of address.

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXS 1404028
POLICYHOLDER STEPHANIE C INNISS			PAYMENT NO. 1
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
04/14/2014	79.00	04/27/2014	84.00
To pay your bill online visit us at www.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXS 1404028
POLICYHOLDER STEPHANIE C INNISS			PAYMENT NO. 2
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
05/14/2014	79.00	05/27/2014	84.00
To pay your bill online visit us at www.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXS 1404028
POLICYHOLDER STEPHANIE C INNISS			PAYMENT NO. 3
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
06/14/2014	79.00	06/27/2014	84.00
To pay your bill online visit us at www.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXS 1404028
POLICYHOLDER STEPHANIE C INNISS			PAYMENT NO. 4
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
07/14/2014	79.00	07/27/2014	84.00
To pay your bill online visit us at www.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXS 1404028
POLICYHOLDER STEPHANIE C INNISS			PAYMENT NO. 5
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
08/14/2014	81.00	08/27/2014	86.00
To pay your bill online visit us at www.uaig.net			